PROPOSED RULE MAKING

CR-102 (June 2004)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

Agency: Department of Health

☒ **Preproposal Statement of Inquiry was filed as WSR** 04-13-158,04-13-159 **; or**
☐ **Expedited Rule Making--Proposed notice was filed as WSR _ ; or**
☐ **Proposal is exempt under RCW 34.05.310(4).**

☒ **Original Notice**
☐ **Supplemental Notice to WSR**
☐ **Continuance of WSR**

Title of rule and other identifying information: (Describe Subject)
Chapter 246-930 WAC Sex Offender Treatment Provider Program - See attachment.

Hearing location(s): Department of Health
Point Plaza East
Room 139
310 Israel Road SE
Tumwater, WA 98501

Date: 02/08/2007 Time: 10:00 a.m.

Submit written comments to:
Name: Leann Yount, Program Manager
Address: PO Box 47869
Olympia, WA 98504-7869
Website: http://www3.doh.wa.gov/policyreview/
fax 360-236-4918 by (date) 02/08/2007

Assistance for persons with disabilities: Contact
Leann Yount by 02/01/2007
TTY (800) 833-6388 or () 711

Date of intended adoption: 02/28/2007
(Note: This is **NOT** the **effective** date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:
This proposal is in response to 2004 legislation and will amend the definition of evaluation, clarify the professional experience requirements for certification prior to affiliates taking the examination, and add additional time for completion of the requirements. The proposal will also clarify and amend the educational, and affiliate supervision requirements, and the standards for assessment, evaluation and treatment. Reference to court ordered clients is removed to allow affiliate providers the ability to evaluate and treat all types of clients.

Reasons supporting proposal:
Legislation was adopted in 2004 creating statutory authority, RCW 18.155.030, for affiliate sex offender treatment providers (SOTP), placing restrictions on the affiliate provider's ability to evaluate and treat level III sex offenders. Additional 2004 legislation, RCW 9.94A.670, allows the treatment provider that provides a court ordered evaluation to be the same provider that provides treatment during the court ordered sentence if the court enters findings that treatment is in the best interest of the victim and that successful treatment of the offender would otherwise be impractical.

Statutory authority for adoption:
RCW 18.155.040

Statute being implemented:
RCW 18.155.030

Is rule necessary because of a:

Federal Law?	☐ Yes	☒ No
Federal Court Decision?	☐ Yes	☒ No
State Court Decision?	☐ Yes	☒ No

If yes, CITATION:

DATE 01/02/07

NAME (type or print)
Mary C. Selecky

SIGNATURE Mary C. Selecky

TITLE
Secretary

CODE REVISER USE ONLY

CODE REVISER'S OFFICE
STATE OF WASHINGTON
FILED

JAN 3 2007

TIME 9:07 AM PM
WSR 07-02-095

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None.

Name of proponent: (person or organization) Department of Health

☐ Private
☐ Public
☒ Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting.....	Karen Kelley	310 Israel Road SE, Tumwater, WA 98501	360-236-4950
Implementation....	Leann Yount	310 Israel Road SE, Tumwater, WA 98501	360-236-4856
Enforcement.....	Leann Yount	310 Israel Road SE, Tumwater, WA 98501	360-236-4856

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:
Name:
Address:

phone
fax
e-mail

☒ No. Explain why no statement was prepared.
An SBEIS is not necessary under Chapter 19.85.030 RCW. These rules do not impose additional costs on affiliate and certified sex offender treatment providers.

Is a cost-benefit analysis required under RCW 34.05.328?

☒ Yes A preliminary cost-benefit analysis may be obtained by contacting:
Name: Leann Yount
Address: Sex Offender Treatment Provider
PO Box 47869
Olympia, WA 98504-7869

phone 360-236-4856
fax 360-236-4918
e-mail leann.yount@doh.wa.gov

☐ No: Please explain:

CR 102 Proposed Rule Making
Attachment

WAC 246-930-010 General definitions.
WAC 246-930-030 Education required prior to certification as an affiliate or a provider.
WAC 246-930-040 Experience required prior to certification as a provider.
WAC 246-930-050 Education required for affiliate prior to examination (repeal).
WAC 246-930-065 Requirements for certification (new section).
WAC 246-930-075 Supervision of affiliates.
WAC 246-930-320 Standards for assessment and evaluation reports.
WAC 246-930-330 Standards and documentation of treatment.
WAC 246-930-332 Treatment methods and monitoring (new section).
WAC 246-930-334 Planning and interventions (new section).
WAC 246-930-336 Contacts with victims and children by clients (new section).
WAC 246-930-338 Completion of court ordered treatment (new section).
WAC 246-930-350 Evaluation and treatment experience credit (new section).

AMENDATORY SECTION (Amending WSR 94-13-179, filed 6/21/94, effective 7/22/94)

WAC 246-930-010 General definitions. In these rules, the following terms shall have the definition described below, unless another definition is stated:

(1) "Affiliate sex offender treatment provider" or "affiliate" means an individual who has satisfactorily passed the examination, met the education requirements, and has been issued a certificate to evaluate and treat sex offenders under chapter 18.155 RCW, and under the supervision of a certified sex offender treatment provider in accordance with the supervision requirements set forth in WAC 246-930-075.

(2) "Certified sex offender treatment provider" or "provider" means an individual who has satisfactorily passed the examination, met the education and experience requirements, and has been issued a certificate by the department to evaluate and treat sex offenders under chapter 18.155 RCW.

(3) "Client" means a person who has been investigated by law enforcement or child protective services for committing or allegedly committing a sex offense, or who has been convicted of a sex offense.

(4) "Committee" means the sex offender treatment providers advisory committee.

(5) "Community protection contract" means the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.

(6) "Co-therapy hours" means the actual number of hours the applicant spent facilitating a group session.

(7) "Credential" or its derivative means the process of licensing, registration, certification or the equivalent through which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.

(8) "Department" means the department of health.

((~~(2)~~)) (9) "Evaluation" means a comprehensive assessment or examination of a client conducted by a provider or affiliate that examines the client's offending behavior. Evaluation results must be detailed in a written report. Examples of evaluations include forensic, SSOSA, and SSODA evaluations. Standards for assessment and evaluation reports, and evaluation experience credit are located in WAC 246-930-320 and 246-930-340.

(10) "Parties" means the defendant, the prosecuting attorney, and the supervising officer.

(11) "Secretary" means the secretary of the department of health, or designee.

((~~(3) "Provider" means a certified sex offender treatment provider.~~

~~(4) "Affiliate" means affiliate sex offender treatment~~

~~provider.~~

~~(5) "Committee" means the sex offender treatment providers advisory committee.~~

~~(6) "Credential" or its derivative means the process of licensing, registration, certification or the equivalent through which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.~~

~~(7) "Evaluation."~~

~~(a) For purposes of determining eligibility for certification, evaluation is defined as the direct provision of comprehensive evaluation and assessment services to persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. Such evaluation shall be related to a client's offending behavior. Such services shall have resulted in preparation of a formal written report. To qualify, the individual shall have had primary responsibility for interviewing the offender and shall have completed the written report. Only hours in face-to-face contact with a client may be counted for evaluation credit. Evaluation hours performed by affiliate providers under the supervision of fully certified providers count toward certification under this definition. Note that limited assessments for the purpose of institution classification, treatment monitoring, and reporting do not qualify for evaluation credit under this definition.~~

~~(b) Standards for evaluations of clients by certified providers as defined in RCW 9.94A.120 (7)(a) and 13.40.160 are set forth in WAC 246-930-320.~~

~~(8) "Treatment" for purposes of determining eligibility for certification, treatment is defined as the provision of face-to-face individual, group, or family therapy with persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. The professional seeking certification has formal responsibility for providing primary treatment services, and such services shall have had direct relevance to a client's offending behavior. Face-to-face treatment hours performed by affiliate providers under the supervision of certified providers count toward certification under this definition. "Cotherapy hours" are defined as the actual number of hours the applicant spent facilitating a group session. Cotherapists may each claim credit for therapy hours as long as both persons have formal responsibility for the group sessions. Time spent in maintaining collateral contacts and written case/progress notes are not counted under this definition.~~

~~(9) A "certified sex offender treatment provider" is an applicant who has met the educational, experience and training requirements as specified for full certification, has satisfactorily passed the examination, and has been issued a certificate by the department to evaluate and treat sex offenders pursuant to chapter 18.155 RCW.~~

~~(10) An "affiliate sex offender treatment provider" is an applicant who has met the educational, experience and training~~

~~requirements as specified for affiliate certification applicants, and has satisfactorily passed the examination. An affiliate sex offender treatment provider evaluates and treats sex offenders pursuant to chapter 18.155 RCW under the supervision of a certified sex offender treatment provider in accordance with the supervision requirements set forth in WAC 246-930-075.~~

~~(11) "SSOSA" is special sex offender sentencing alternative as defined in RCW 9.94A.120 (7)(a).~~))

(12) "SSODA" ((~~is~~)) means special sex offender disposition alternative ((~~as defined in~~)), authorized under RCW 13.40.160.

(13) "SSOSA" means special sex offender sentencing alternative, authorized under RCW 9.94A.670.

(14) "Supervising officer" ((~~means~~)) is the designated representative of the agency having oversight responsibility for a client sentenced under SSOSA or SSODA, ((~~under the sentence or disposition order,~~)) for example, a community corrections officer((~~,~~)) or a juvenile probation officer.

((~~(14)~~)) (15) "Treatment" means face-to-face individual, group, or family therapy, provided by an affiliate or provider, to a client. Treatment is focused on the client's offending behavior.

(16) "Treatment plan" means ((~~the plan set forth in the evaluation detailing how the treatment needs of the client will be met while the community is protected~~)) a written statement of intended care and services as documented in the evaluation that details how the client's treatment needs will be met while protecting the community during the course of treatment.

((~~(15) "Community protection contract" means the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.~~

~~(16) "Parties" means the defendant, the prosecuting attorney, the community corrections officer and the juvenile probation officer.~~))

AMENDATORY SECTION (Amending WSR 94-13-179, filed 6/21/94, effective 7/22/94)

WAC 246-930-030 Education required prior to ((~~examination~~)) certification as an affiliate or a provider. (1) An applicant ((~~for full certification~~)) shall have completed:

(a) A master's or doctoral degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A master's or doctoral degree in an equivalent field from a regionally accredited institution of higher education ((~~with~~)) and documentation of thirty graduate semester hours or forty-five graduate quarter hours in approved subject content listed in

subsection (2) of this section.

(2) Approved subject content includes at least five graduate semester hours or seven graduate quarter hours in ((~~(c)(i) and (ii) of this subsection~~)) counseling, psychotherapy, and personality theory, and five graduate semester hours or seven graduate quarter hours in at least two ((~~additional content areas from (c)(i) through (viii) of this subsection~~)) of the following content areas:

((~~(i)~~)) (a) Counseling and psychotherapy((~~.~~));

((~~(ii)~~)) (b) Personality theory((~~.~~));

((~~(iii)~~)) (c) Behavioral science and research((~~.~~));

((~~(iv)~~)) (d) Psychopathology/personality disorders((~~.~~));

((~~(v)~~)) (e) Assessment/tests and measurement((~~.~~));

((~~(vi)~~)) (f) Group therapy/family therapy((~~.~~));

((~~(vii)~~)) (g) Human growth and development/sexuality((~~.~~)); and

((~~(viii)~~)) (h) Corrections/criminal justice.

((~~(d) The applicant is responsible for submitting proof that the hours used to meet this requirement are in fact, equivalent.~~

~~(2)~~)) (3) Transcripts of all ((~~graduate work shall~~)) education required under this section must be submitted ((~~directly~~)) to the department from the institution where the credits were earned.

AMENDATORY SECTION (Amending WSR 94-13-179, filed 6/21/94, effective 7/22/94)

WAC 246-930-040 ((~~Professional~~)) Experience required prior to ((examination)) certification as a provider. (1) ((~~To qualify for examination,~~)) An applicant for certification must complete at least two thousand hours of treatment and evaluation experience, as ((~~defined~~)) required in WAC ((~~246-930-010~~)) 246-930-350. These two thousand hours shall include at least two hundred fifty hours of evaluation experience and ((~~at least~~)) two hundred fifty hours of treatment experience.

(2) All of the ((~~prerequisite~~)) claimed treatment and evaluation experience shall have been within the ((~~seven-year~~)) ten-year period preceding application for certification ((~~as a provider~~)).

NEW SECTION

WAC 246-930-065 Requirements for certification. (1) An applicant for certification must:

(a) Be credentialed as a health professional as provided in WAC 246-930-020. The credential must be in good standing without pending disciplinary action;

(b) Successfully complete an education program as required in WAC 246-930-030;

(c) Successfully complete an examination;

(d) Be able to practice with reasonable skill and safety; and

(e) Have no sex offense convictions, as defined in RCW 9.94A.030 or convictions in any other jurisdiction of an offense that under Washington law would be classified as a sex offense as defined in RCW 9.94A.030.

(2) An applicant for certification as a provider must also complete treatment and evaluation experience required in WAC 246-930-040.

AMENDATORY SECTION (Amending WSR 94-13-179, filed 6/21/94, effective 7/22/94)

WAC 246-930-075 ((~~Description of~~)) Supervision of affiliates. Supervision of affiliates is considerably different than consultation with other professionals. Consultation is solely advisory; consultants do not assume responsibility for those individuals ((~~to~~)) with whom they consult. Supervision of affiliates requires that the provider take full ethical and legal responsibility for the quality of work of the affiliate. ((~~The following rules apply to providers and affiliates when service is being provided to SSOSA and SSODA clients:~~

~~(1) Whether providing training, consultation, or supervision, sex offender treatment providers shall avoid presenting themselves as having qualifications in areas where they do not have expertise.~~

~~(2) The supervisor shall provide sufficient training and supervision to the affiliate to insure the health and safety of the client and community. The supervisor shall have the expertise and knowledge to directly supervise the work of the affiliate.~~

~~(3) The supervisor shall insure that any person he or she supervises has sufficient education, background, and preparation for the work they will be doing.~~

~~(4) Supervision of an affiliate shall require that the supervisor and supervisee enter into a formal written contract defining the parameters of the professional relationship. This supervision contract shall be submitted to the department for approval and shall be renewed on a yearly basis. The contract shall include, but is not limited to:~~

~~(a) Supervised areas of professional activity;~~

~~(b) Amount of supervision time and the frequency of supervisory meetings. This information may be presented as a ratio of supervisory time to clinical work conducted by the affiliate;~~

~~(c) Supervisory fees and business arrangements, when applicable;~~

~~(d) Nature of the supervisory relationship and the anticipated process of supervision;~~

~~(e) Selected and review of clinical cases;~~

~~(f) Methodology for recordkeeping, evaluation of the affiliate, and feedback; and~~

~~(g) How the affiliate is represented to the public.~~

~~(5) Supervision of affiliates shall involve regular, direct, face-to-face supervision. Based on the affiliate's skill and experience levels, supervision shall include a reasonable degree of direct observation of the affiliates by means of the supervisor sitting in sessions, audio tape recording, videotape, etc. In some cases, special flexible supervision arrangements which deviate from the standard are permitted, for example, due to geography or disability; special flexible supervision contracts shall be submitted to the department for approval.~~

~~(6) The level of supervision shall insure that the affiliate is prepared to conduct professional work and provide adequate oversight. There shall be a minimum of one hour of supervision time for every ten hours of supervised professional work. Supervision meetings shall regularly occur at least every other week.~~

~~(7) A certified sex offender treatment provider shall undertake no contract which exceeds the provider's ability to comply with supervision standards. A supervisor shall not supervise more than thirty hours of SSOSA and SSODA case clinical work each week.~~

~~(8) Generally, a supervisor shall not provide supervision for more than two affiliates. However, the special needs of certain locales, particularly rural areas, are recognized. Where appropriate, deviation from the standards in subsections (4)(b), (6) and (7) of this section are permitted subject to department approval, if quality of supervision can be maintained. Special supervisory arrangements shall be submitted for approval with the supervision contract to the department. A supervisor may adjust a supervision plan, as necessary, but shall notify the department of the amendment to the contract within thirty days.~~

~~(9) The status of the affiliate's relationship to the supervisor is to be accurately communicated to the public, other professionals, and to all clients served.~~

~~(10) An affiliate sex offender treatment provider may represent himself or herself as an affiliate only when doing clinical work supervised by the contracted sex offender treatment provider. If the affiliate is providing unsupervised clinical services to clients who are not SSOSA or SSODA cases, the individual shall not utilize the title "affiliate". This is not intended to prohibit an affiliate from describing their experience and qualifications to potential referral sources.~~

~~(11) All written reports and correspondence by the affiliate acting under SSOSA or SSODA shall be cosigned by the supervisor, indicating the supervisory relationship. The work shall be represented as conducted by the affiliate with oversight provided by the supervisor.~~

~~(12) All work relating to SSOSA and SSODA clients conducted by the affiliate is the responsibility of the supervisor. The supervisor shall have authority to direct the practice of the affiliate involving SSOSA and SSODA clients.~~

~~(13) Supervision includes, but is not limited to the following:~~

~~(a) Discussion of services provided by the affiliate;~~

~~(b) Case selection, service plan, and review of each case or work unit of the affiliate;~~

~~(c) Discussions regarding theory and practice of the work being conducted;~~

~~(d) Review of Washington statutes, rules, and criminal justice procedures relevant to the work being conducted;~~

~~(e) Discussion of the standards of practice for providers as adopted by the department and the ethical issues involved in providing professional services for sex offenders;~~

~~(f) Discussion regarding coordination of work with other professionals;~~

~~(g) Discussion of relevant professional literature and research; and~~

~~(h) Periodic review of the supervision itself.~~

~~(14) Both the supervisor and affiliate shall maintain full documentation of the work done and supervision provided.~~

~~(15) The supervisor will evaluate the affiliate's work and professional progress on an ongoing basis.~~

~~(16) It is the responsibility of the supervisor to remedy the problems or terminate the supervision contract. If the work of the supervisee does not meet sufficient standards to protect the best interests of the clients and the community. The supervisor shall notify the department and provide the department with a letter of explanation, if a supervision contract is terminated.~~

~~(17) Supervision is a power relationship and the supervisee-supervisor relationship is not to be exploited. This standard in no way precludes reasonable compensation for supervisory services.~~

~~(18) It is the responsibility of the supervisor to provide, on request, accurate and objective letters of reference and work documentation regarding the affiliate, when requested by affiliate.~~

~~(19) If a supervisee is in the employ of a provider it is the responsibility of the supervisor to provide:~~

~~(a) Appropriate working conditions;~~

~~(b) Opportunities to further the supervisee's skills and professional development; and~~

~~(c) Consultation in all areas of professional practice appropriate to the supervisee's employment.~~

~~(20) All records of both affiliate and supervisor are subject to audit to determine compliance with appropriate statutes and rules.~~)) A provider may not supervise more than two affiliates.

(1) Supervision includes, but is not limited to:

(a) Discussion of services provided by the affiliate;

(b) Case selection, treatment plan, and review of each case or work unit of the affiliate;

(c) Discussions regarding theory and practice of the work being conducted;

(d) Review of Washington laws, rules, and criminal justice procedures relevant to the work being conducted;

(e) Discussion of the standards of practice for providers and affiliates as adopted by the department and the ethical issues

involved in providing professional services for sex offenders;

(f) Discussion regarding coordination of work with other professionals and parties;

(g) Discussion of relevant professional literature and research; and

(h) Periodic review of the contract.

(2) The provider shall:

(a) Avoid presenting himself or herself as having qualifications in areas that he or she does not have qualifications.

(b) Provide sufficient training and supervision to the affiliate to assure the health and safety of the client and community.

(c) Have expertise and knowledge to directly supervise affiliate work.

(d) Assure that the affiliate being supervised has sufficient and appropriate education, background, and preparation for the work he or she will be doing.

(3) The provider and affiliate must enter into a formal written contract that defines the parameters of the professional relationship. The contract must be submitted to the department for approval and shall include:

(a) Supervised areas of professional activity;

(b) Amount of supervision time and the frequency of supervisory meetings. This information may be presented as a ratio of supervisory time to clinical work conducted by the affiliate;

(c) Supervisory fees and business arrangements, when applicable;

(d) Nature of the supervisory relationship and the anticipated process of supervision;

(e) Selection and review of clinical cases;

(f) Methodology for recordkeeping, evaluation of the affiliate, and feedback; and

(g) How the affiliate will be represented to the public and the parties.

(4) Supervision of affiliates shall involve regular, direct, face-to-face supervision.

(a) Depending on the affiliate's skill and experience levels, the provider's supervision shall include direct observation of the affiliate by:

(i) Sitting in sessions;

(ii) Audio tape recording;

(iii) Videotaping, etc.

(b) In some cases, such as geographic location or disability, more flexible supervision arrangements may be allowed. The provider must submit requests for more flexible supervision arrangements to the department for approval.

(5) The supervisor must assure that the affiliate is prepared to conduct professional work, and must assure adequate supervision of the affiliate. The provider shall meet face-to-face with the affiliate a minimum of one hour for every ten hours of supervised professional work. Supervision meetings shall regularly occur at least every other week.

(6) A provider may not undertake a contract that exceeds the provider's ability to comply with supervision standards.

(7) The department recognizes the needs of certain locales, particularly rural areas, and may allow a variance from the standards in subsections (3)(b) and (5) of this section. The supervisor must submit any variance request to the department for approval with the supervision contract. Variances will be granted or denied in writing within thirty days.

(8) The nature of the affiliate-provider relationship must be communicated to the public, other professionals, and all clients served.

(9) An affiliate may represent himself or herself as an affiliate only when performing clinical work supervised by the contracted provider.

(10) The provider must cosign all written reports and correspondence prepared by the affiliate. The written reports and correspondence must include a statement that indicates the work has been conducted by the affiliate acting under the provider's supervision.

(11) Both the provider and affiliate shall maintain full documentation of the work done and supervision provided. The department may audit the provider's and affiliate's records to assure compliance with laws and rules.

(12) All work conducted by the affiliate is the responsibility of the provider. The provider shall have authority to direct the practice of the affiliate.

(13) It is the provider's responsibility to correct problems or end the supervision contract if the affiliate's work does not protect the interests of the clients and community. If the provider ends the contract, he or she must notify the department in writing within thirty days of ending the contract. A provider may only change or adjust a supervision contract after receiving written approval from the department.

(14) Supervision is a power relationship. The provider must not use his or her position to take advantage of the affiliate. This subsection is not intended to prevent a provider from seeking reasonable compensation for supervisory services.

(15) A provider must provide accurate and objective letters of reference and documentation of the affiliate's work at the affiliate's request.

(16) The provider shall ensure that the affiliate has completed at least one thousand hours of supervised evaluation and treatment experience before the affiliate is authorized to evaluate and treat Level III sex offenders. The provider will submit to the department documentation that the affiliate has completed a minimum of one thousand hours within thirty days of completion of the experience.

AMENDATORY SECTION (Amending WSR 94-13-179, filed 6/21/94, effective 7/22/94)

WAC 246-930-320 Standards for ((~~SSOSA and SSODA~~)) assessment and evaluation reports. (1) General considerations in evaluating clients. Providers and affiliates shall:

(a) Be knowledgeable of current assessment procedures used;

(b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the ((~~offender~~)) client;

(c) Be knowledgeable of the client's legal status including any court orders applicable.

(d) Have a full understanding of the SSOSA and SSODA process, if applicable, and be knowledgeable of relevant criminal and legal considerations;

((~~(d)~~)) (e) Be impartial;

(f) Provide an objective and accurate base of data; and

((~~(e)~~)) (g) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(2) ((~~Scope of assessment data.~~

~~Comprehensive evaluations under SSOSA and SSODA shall include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:~~

~~(a) Collateral information (i.e., police reports, child protective services information, criminal correctional history and victim statements);~~

~~(b) Interviews with the offender;~~

~~(c) Interviews with significant others;~~

~~(d) Previous assessments of the offender conducted (i.e., medical, substance abuse, psychological and sexual deviancy);~~

~~(e) Psychological/physiological tests;~~

~~(f) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included; and~~

~~(g) Second evaluations shall state whether other evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider. The second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (3) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.~~

~~(3) Evaluation reports.~~

~~(a) Written reports shall be accurate, comprehensive and address all of the issues required for court disposition as provided in the statutes governing SSOSA and SSODA;~~

~~(b) Written reports shall present all knowledge relevant to the matters at hand in a clear and organized manner;~~

~~(c) Written reports shall include the referral sources, the conditions surrounding the referral and the referral questions addressed; and~~

~~(d) Written reports shall state the sources of information utilized in the evaluation. The evaluation and written report shall address, at a minimum, the following issues:~~

~~(i) A description of the current offense(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and offender's versions of the offenses;~~

~~(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;~~

~~(iii) Prior attempts to remediate and control offense behavior including prior treatment;~~

~~(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;~~

~~(v) Potentiators of offending behavior to include alcohol and drug abuse, stress, mood, sexual patterns, use of pornography, and social and environmental influences;~~

~~(vi) A personal history to include medical, marital/relationships, employment, education and military;~~

~~(vii) A family history;~~

~~(viii) History of violence and/or criminal behavior;~~

~~(ix) Mental health functioning to include coping abilities, adaptational styles, intellectual functioning and personality attributes; and~~

~~(x) The overall findings of psychological/physiological/medical assessment when such assessments have been conducted.~~

~~(e) Conclusions and recommendations shall be supported by the data presented in the body of the report and include:~~

~~(i) The evaluator's conclusions regarding the appropriateness of community treatment;~~

~~(ii) A summary of the clinician's diagnostic impressions;~~

~~(iii) A specific assessment of relative risk factors, including the extent of the offender's dangerousness in the community at large;~~

~~(iv) The client's amenability to outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.~~

~~(f) Proposed treatment plan shall be described in detail and clarity and include:~~

~~(i) Anticipated length of treatment, frequency and type of contact with providers, and supplemental or adjunctive treatment;~~

~~(ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;~~

~~(iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety;~~

~~(iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program; and~~

~~(v) If the evaluator will not be providing treatment, a specific certified provider should be identified to the court. The provider shall adopt the proposed treatment plan or submit an alternative treatment plan for approval by the court, including each of the elements in WAC 246-930-330 (5)(a) through (d).~~

~~(4) The provider shall submit to the court and the parties a statement that the provider is either adopting the proposed treatment plan or submitting an alternate plan. The plan and the statement shall be provided to the court before sentencing.~~))

Providers and affiliates must complete written evaluation reports. These reports must:

(a) Be accurate, comprehensive and address all of the issues required for court or other disposition;

(b) Present all knowledge relevant to the matters at hand in a clear and organized manner;

(c) Include the referral sources, the conditions surrounding the referral and the referral questions addressed;

(d) Include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:

(i) Collateral information including:

(A) Police reports;

(B) Child protective services information; and

(C) Criminal correctional history;

(ii) Interviews with the client;

(iii) Interviews with significant others;

(iv) Previous assessments of the client such as:

(A) Medical;

(B) Substance abuse; and

(C) Psychological and sexual deviancy;

(v) Psychological/physiological tests;

(e) Address, at a minimum, the following issues:

(i) A description of the current offense(s) or allegation(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and client's versions of the offenses or allegations;

(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;

(iii) Prior attempts to remediate and control offensive behavior including prior treatment;

(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;

(v) Risk factors for offending behavior including:

(A) Alcohol and drug abuse;

(B) Stress;

(C) Mood;

(D) Sexual patterns;

(E) Use of pornography; and

(F) Social and environmental influences;

(vi) A personal history including:

(A) Medical;
(B) Marital/relationships;
(C) Employment;
(D) Education; and
(E) Military;
(vii) A family history;
(viii) History of violence and/or criminal behavior;
(ix) Mental health functioning including coping abilities, adaptation style, intellectual functioning and personality attributes; and
(x) The overall findings of psychological/physiological/medical assessment if these assessments have been conducted;
(f) Include conclusions and recommendations. The conclusions and recommendations shall be supported by the data presented in the report and include:
(i) The evaluator's conclusions regarding the appropriateness of community treatment;
(ii) A summary of the evaluator's diagnostic impressions;
(iii) A specific assessment of relative risk factors, including the extent of the client's dangerousness in the community at large; and
(iv) The client's willingness for outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.
(g) Include a proposed treatment plan which is clear and describes in detail:
(i) Anticipated length of treatment, frequency and type of contact with providers or affiliates, and supplemental or adjunctive treatment;
(ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;
(iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety; and
(iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program.
(3) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included.
(4) Second evaluations shall state whether prior evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider or affiliate. The second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (2) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.

(5) The provider or affiliate who provides treatment shall submit to the court and the parties a statement that the provider or affiliate is either adopting the proposed treatment plan or submitting an alternate plan. Any alternate plan and the statement shall be provided to the court before sentencing. Any alternate plan must include the treatment methods described in WAC 246-930-332(1).

AMENDATORY SECTION (Amending WSR 94-13-179, filed 6/21/94, effective 7/22/94)

WAC 246-930-330 Standards ((~~for~~)) and documentation of treatment. ((~~**Introduction-SSOSA/SSODA offender treatment:** It is recognized that~~)) Effective sexual deviancy treatment ((~~will~~)) involves a broad set of planned therapeutic experiences and interventions designed to ultimately reduce the client's risk of ((~~a client~~)) engaging in criminal sexual behavior. ((~~Such~~)) Treatment ((~~shall~~)) must be consistent with current professional literature and ((~~shall~~)) emphasize community safety.

((~~(1)~~)) **General considerations.**

((~~(a)~~)) (1) In most cases ((~~clients shall be seen by a certified or affiliate treatment provider a minimum of~~)) a provider or affiliate treats clients at least once per week for at least forty-five minutes for an individual or ninety minutes for a group.

((~~(b)~~)) (2) Changes in client circumstances or ((~~treatment~~)) provider/affiliate schedule may require ((~~a reduction in frequency or duration of contacts appropriate, provided that:~~

~~(i) Such changes are made on a case-by-case basis;~~

~~(ii) Any changes that constitute a permanent change in the treatment plan or that reduce community safety shall be communicated to the supervising officer, the prosecutor and the court prior to the implementation of the change; and~~

~~(iii) Other short term, temporary changes in the treatment plan due to illness, vacation, etc., should be reported in the regular progress report.~~

~~(c) Any reduction in frequency or duration of contacts which constitutes a deviation from the treatment plan shall be reported to the supervising officer, the prosecutor, and the court; and~~

~~(d) The treatment methods employed by the provider shall:~~

~~(i) Reflect concern for the well being of clients, victims and the safety of potential victims;~~

~~(ii) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and~~

~~(iii) Be individualized to meet the unique needs of each client.~~

~~(2) **Planning and interventions.** The treatment plan and the interventions used by the provider to achieve the goals of the plan~~

~~shall:~~

~~(a) Address the sexual deviancy treatment needs identified;~~

~~(b) Include provisions for the protection of victims and potential victims;~~

~~(c) Give priority to those treatment interventions most likely to avoid sexual reoffense; and~~

~~(d) Take reasonable care to not cause victims to have unsafe, or unwanted contact with their offenders.~~

~~(3)~~ **~~Community protection contract.~~** ~~The provider shall present a contract to the client within ninety days of the start of treatment which:~~

~~(a) Details the treatment rules and requirements which the client must follow in order to preserve community safety;~~

~~(b) Outlines the client's responsibility to adhere to the contract and the provider's responsibility to report any violations;~~

~~(c) Is a separate document from any other evaluation or treatment agreements between the client and the provider; and~~

~~(d) Is signed by both client and provider, sent to the supervising officer after sentencing, and updated when conditions change throughout the course of treatment.~~

~~(4)~~ **~~Treatment methods.~~** ~~The methods used by the provider shall:~~

~~(a) Address clients' deviant sexual urges and recurrent deviant sexual fantasies;~~

~~(b) Educate clients and the individuals who are part of their support systems about the potential for reoffense, and risk factors;~~

~~(c) Teach clients to use self control methods to avoid sexual reoffense;~~

~~(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable;~~

~~(e) Address clients' thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;~~

~~(f) Modify client thinking errors and cognitive distortions;~~

~~(g) Enhance clients appropriate adaptive/legal sexual functioning;~~

~~(h) Insure that clients have accurate knowledge about the effect of sexual offending upon victims, their families, and the community;~~

~~(i) Help clients develop a sensitivity to the effects of sexual abuse upon victims;~~

~~(j) Address clients' personality traits and personality deficits which are related to increased reoffense potential;~~

~~(k) Address clients' deficits in coping skills;~~

~~(l) Include and integrate clients' families, guardians, and residential program staff into the treatment process when appropriate; and~~

~~(m) To maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.~~

~~(5)~~ **~~Monitoring of treatment requirements.~~** ~~The monitoring of~~

~~the client's compliance with treatment requirements by the provider shall:~~

~~(a) Recognize the reoffense potential of the sex offender client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the sex offender client;~~

~~(b) Consider multiple sources of input regarding the client's out of office behavior;~~

~~(c) As a general principle, increase monitoring during those times of increased risk and notify the supervising officer:~~

~~(i) When a client is in crisis;~~

~~(ii) When visits with victims or potential victims are authorized; and~~

~~(iii) When clients are in high risk environments.~~

~~(d) Work in collaboration with the supervising officer to verify that the client is following the treatment plan by reducing the frequency of those behaviors that are most closely related to sexual reoffense and that the client's living, work and social environments have sufficient safeguards and protection for victims and potential victims; and~~

~~(e) The provider and the supervising officer should discuss the verification methods used so that each can more fully collaborate to protect community safety and assist the client in successfully completing treatment.~~

~~(6)~~ **~~Contacts with victims/vulnerable persons for SSOSA clients.~~** ~~When authorizing SSOSA clients to have contact with victims or children, the provider shall recognize that supervision during contact with children is critical for those offenders who have had crimes against children, or have the potential to abuse children. Providers shall:~~

~~(a) Consider victim's wishes about contact and reasonably ensure that all contact is safe and in accordance with court directives;~~

~~(b) Restrict, as necessary, offender decision-making authority over victims and vulnerable children;~~

~~(c) Prior to offender contact with children, collaborate with other relevant professionals regarding contact with victims, rather than make isolated decisions;~~

~~(d) Consult with the victim's parents, custodial parents, or guardians prior to authorizing any contact between offenders and children;~~

~~(e) Include educational experiences for chaperones/ supervisors of SSOSA clients; and~~

~~(f) Devise a plan/protocol for reuniting or returning SSOSA clients to homes where children reside. Such plan/protocol should emphasize child safety, and provide for some monitoring of the impact on the victim and other children.~~

~~(7)~~ **~~Contacts with victims/vulnerable persons for SSODA clients.~~** ~~While the rationale behind the standards for SSOSA clients in subsection (6)(a) through (f) of this section is equally relevant for juvenile SSODA clients, there are some substantial differences that warrant specific standards. The prohibitions on~~

~~contact with children are not intended to prohibit reasonable peer-age social or educational contacts for juvenile SSODA clients. It is further understood that providers working with juvenile SSODA clients have limited authority over their clients, and that they have limited authority to govern the decisions or supervision of a juvenile client's parents. Reasonable and practical supervision plans/strategies for juvenile SSODA clients require the cooperation and involvement of parents, foster parents, group home staff, and the supervising officer. Providers shall work in collaboration with the supervising officer to meet the following standards:~~

~~(a) Establish reasonable guidelines for contacts with victims or vulnerable children commensurate with the offender's offending history, treatment progress, and the current disposition order.~~

~~(b) Make reasonable efforts to advise, inform, and educate adults who will be in contact with and responsible for the offender's behavior around victims or vulnerable children.~~

~~(c) Restrict, as necessary, offender decision-making authority over victims and vulnerable children.~~

~~(d) Devise plans/protocols for reuniting or returning SSODA clients to homes where the victim or other children reside, specifically considering the victim's wishes and victim impact of reunification.~~

~~(e) Closely scrutinize victim requests for offender contact to ensure the request is free of emotional strain and is in the victim's best interests.~~

~~(8) **Documentation of treatment.** Providers shall maintain and safeguard client files in accordance with the professional standards of their individual disciplines and with Washington state law regarding health care records. Providers shall insure that the client files reflect the content of professional contact, treatment progress, sessions attended and treatment plan change information necessary for completion of the required SSOSA/SSODA reports, and~~

~~(9) **Completion of court ordered treatment.** In fulfilling the SSOSA requirements for the end of court ordered treatment hearing, the treatment provider shall:~~

~~(a) Assess and document how the goals of the treatment plan have been met, what changes in the client's reoffense potential have been accomplished, and what risk factors remain;~~

~~(b) Report to the court in a timely manner regarding the client's compliance with treatment and monitoring requirements and make a recommendation regarding modification of conditions of community supervision, and either termination of treatment or extension of treatment for up to the remaining period of community supervision.~~

~~(10) **Completion of treatment for SSODA.** Sex offender treatment providers who are treating juvenile offenders shall comply with subsection (9) of this section~~)) less frequent or shorter sessions. Changes to the number or duration of sessions may be made on a case-by-case basis, and must be reported to the department. A provider or affiliate must:

(a) Communicate permanent changes in the treatment plan or changes that may reduce community safety to the supervising

officer, the prosecutor and the court before the changes may be implemented;

(b) Report other short term, temporary changes in the treatment plan due to illness, vacation, etc., in the regular progress report; and

(c) Report any reduction in frequency or duration of contacts that constitutes a variance from the treatment plan to the supervising officer, the prosecutor, and the court.

(3) The treatment methods employed by the provider or affiliate shall:

(a) Reflect concern for the well-being of clients, victims and the safety of potential victims;

(b) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and

(c) Be individualized to meet the unique needs of each client.

(4) Providers and affiliates shall maintain and safeguard client files consistent with the professional standards and with Washington state law regarding health care records. Providers and affiliates shall ensure that the client files include the following information for completion of required reports:

(a) Content of professional contact;

(b) Treatment progress;

(c) Sessions attended; and

(d) Any treatment plan changes.

NEW SECTION

WAC 246-930-332 Treatment methods and monitoring. (1) The treatment methods used by the provider or affiliate shall:

(a) Address the client's deviant sexual urges and recurrent deviant sexual fantasies;

(b) Educate the client and the individuals who are part of the client's support system about the potential for reoffense, and risk factors;

(c) Teach the client to use self-control methods to avoid sexual reoffense;

(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable;

(e) Address the client's thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;

(f) Modify client thinking errors and cognitive distortions;

(g) Enhance the client's appropriate adaptive/legal sexual functioning;

(h) Assure that the client has accurate knowledge about the effect of sexual offending upon victims, their families, and the community;

(i) Help the client develop sensitivity to the effects of sexual abuse upon victims;

(j) Address the client's personality traits and personality deficits which are related to increased reoffense potential;

(k) Address the client's deficits in coping skills;

(l) Include and integrate the client's family, guardian, and residential program staff into the treatment process when appropriate; and

(m) Maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.

(2) The provider or affiliate shall monitor compliance with treatment requirements by:

(a) Recognizing the reoffense potential of the client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the client;

(b) Considering multiple sources of input regarding the client's out-of-office behavior;

(c) Increasing monitoring during those times of increased risk and notifying the supervising officer when:

(i) A client is in crisis;

(ii) Visits with victims or potential victims are authorized; and

(iii) A client is in high-risk environments.

(d) Working in collaboration with the supervising officer, when applicable, to verify that the client is following the treatment plan by reducing the frequency of those behaviors that are most closely related to sexual reoffense and that the client's living, work and social environments have sufficient safeguards and protection for victims and potential victims; and

(e) Discussing with the supervising officer the verification methods used so that each can fully collaborate to protect community safety and assist the client in successfully completing treatment.

NEW SECTION

WAC 246-930-334 Planning and interventions. (1) The treatment plan and the interventions used by the provider or affiliate to achieve the goals of the plan shall:

(a) Address the sexual deviancy treatment needs identified;

(b) Include provisions for the protection of victims and potential victims;

(c) Give priority to those treatment interventions most likely to avoid sexual reoffense; and

(d) Take reasonable care not to cause victims to have unsafe, unauthorized, or unwanted contact with their offenders.

(2) The community protection contract shall be presented to the client within ninety days of the start of treatment by the provider or affiliate that:

(a) Details the treatment rules and requirements that the

client must follow in order to preserve community safety;

(b) Outlines the client's responsibility to adhere to the contract, and the provider's responsibility to report any violations;

(c) Is a separate document from any other evaluation or treatment agreements between the client and the provider;

(d) Is signed by both client and provider;

(e) Is sent to the supervising officer after sentencing; and

(f) Is updated when conditions change throughout the course of treatment.

NEW SECTION

WAC 246-930-336 Contacts with victims and children by clients. (1) The provider or affiliate shall recognize that supervision during contact with children is critical for those clients who have had crimes against children, or have the potential to abuse children. When authorizing clients to have contact with victims or children, the provider or affiliate shall:

(a) Consider the victim's wishes about contact and reasonably ensure that all contact is safe and in accordance with court directives;

(b) Restrict, as necessary, client decision-making authority over victims and children;

(c) Collaborate with other relevant professionals about contact with victims prior to authorizing client contact with children, rather than making isolated decisions;

(d) Consult with the victim's parents, custodial parents, or guardians prior to authorizing any contact between clients and children;

(e) Include educational experiences for chaperones/ supervisors of clients; and

(f) Devise a plan/protocol for reuniting or returning clients to homes where children reside. This plan/protocol must emphasize child safety, and provide for some monitoring of the impact to the victim and other children.

(2) While the rationale behind the standards for clients in subsection (1)(a) through (f) of this section is equally relevant for juvenile clients, there are some substantial differences that warrant specific standards. The prohibitions on contact with children are not intended to prohibit reasonable peer-age social or educational contacts for juvenile clients. Providers or affiliates working with juvenile clients have limited authority over their clients, in that they have limited authority to govern the decisions or supervision of a juvenile client's parents. Reasonable and practical supervision plans/strategies for juvenile clients require the cooperation and involvement of parents, foster parents, group home staff, and the supervising officer. Providers

and affiliates shall work in collaboration with the supervising officer to:

(a) Establish reasonable guidelines for contacts with victims or children commensurate with the client's offending history, treatment progress, and the current disposition order;

(b) Make reasonable efforts to advise, inform, and educate adults who will be in contact with and responsible for the client's behavior around victims or children;

(c) Restrict, as necessary, client decision-making authority over victims and children;

(d) Devise plans/protocols for reuniting or returning clients to homes where the victim or other children reside, specifically considering the victim's wishes and victim impact of reunification;

(e) Closely scrutinize victim requests for client contact to ensure the request is free of emotional strain and is in the victim's best interests; and

(f) Follow court ordered no contact provisions, or seek modification of court ordered restrictions if appropriate.

NEW SECTION

WAC 246-930-338 Completion of court ordered treatment. In fulfilling requirements for the end of court ordered treatment hearing, if applicable, the provider or affiliate shall:

(1) Assess and document how the treatment plan goals have been met, what changes in the client's reoffense potential have been accomplished, and what risk factors remain; and

(2) Report to the court in a timely manner regarding the client's compliance with treatment and monitoring requirements, and make a recommendation regarding modification of conditions of community supervision, and either termination of treatment or extension of treatment for up to the remaining period of community supervision.

NEW SECTION

WAC 246-930-350 Evaluation and treatment experience credit. (1) Evaluation experience credit. The following can be counted for evaluation experience credit:

(a) Preparation of a written SSOSA, SSODA, self-referral or forensic evaluation;

(b) Primary or secondary responsibility for interviewing the client;

(c) Preparation of the written evaluation report;

(d) All contact with clients; and

(e) Preparation of limited assessments for the purpose of:

(i) Institution classification;

(ii) Treatment monitoring; and

(iii) Reporting.

(2) Treatment experience credit. The following can be counted for treatment experience credit:

(a) Face-to-face treatment hours performed by affiliates under the supervision of certified providers;

(b) Time spent as a co-therapist. Both therapists must have formal responsibility for the group session; and

(c) Time spent maintaining collateral contacts and written case/progress notes.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-930-050	Education required for affiliate prior to examination.
WAC 246-930-060	Professional experience required for affiliate prior to examination.